V. S. No. 1

ż

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 10270
County Orline	
	Registration Dist. No. 5 2
Village or City flef by the company	
Length of residence in city or town where deeth occurredyrs	nosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stellborn Blek	e) Bowce
(a) Residence; No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) //4/35	I last sew h alive on 19 death is said
7. AGE Yeers Months Days If LESS than	to have decurred on the date stated above, at 9.20 Pm.
1 day,hi	were as followed
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	gred Com
9. Industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc	
Notes that the second of the s	
year) occupation	Other Contributor Court of Investment
12. BIRTHPLACE (city or town) Mt. Harmony (State or country)	Other Centributery Causes of Importence:
13. NAME Truest Place	
13. NAME COLET PLESCE 14. BIRTHPLACE (city or town) (State or counter)	Name of operation Date of
(State of county)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME de Boure	23. If deeth was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME BOWLE 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Trues Steller (Address) Stutuell	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Line Date Date 193	Nature of Injury
19. UNDERTAKER EARN Blake (Address) Nutwell	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fan Ce. 1935 WH Harderly. Register.	(Signed) And Ward M. D. (Address) Durly Lup
If more blanks are needed, address State Registro	17, 2411 N. Charles Street, Baltimore, Requesting U. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
MURUALI V. E.	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
A CONTRACTOR OF THE CONTRACTOR			1		

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? ______yrs. _____mos. _____ds. statement If nonresident give city or town and State (Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) PERMANENT (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ERTIFY. That I attended deceased from EX certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Davs to have occurred on the date stated above, at., or min. 8. Trade, profession, or particular OCCUPATION kind of work dono, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc on 10-Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER 13. NAME See (State or country) What test confirmed diagnosis?_ carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_________19. 16. BIRTHPLACE (city or town) DEATH (State or country Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 19. UNDERTAKER (Address) If so, specify

(Year)

Date of onset

Was there an autopsy?______

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

(Signed)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemarrhage	July 5,1927	Peritanitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	·	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT plnods County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. it of foreign birth?_. Length of residence in city or town where death occurred statement St. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) (Year) classified 5a. It married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I ettended deceased from (or) WIFE of V 19....., to..... EX certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months Days If LESS than to heve occurred on the date stated above, et. stated 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may should 10. Date deceesed last worked at 11. Total time (years) no this occupation (month and spent in this that occupation instructions Other Contributory Causes of importance: SO 12. BIRTHPLACE (city or town) supplied. (State or couptry) in plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis? ----- Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the tollowing: Accident, suicide, or homicide?______ Date of Injury______ 19_____ 16. BIRTHPLACE (city or town) DEATH (Steto or country) Where did injury occur?_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury -WRITE S CAUSE mation LION Nature of injury_ 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) It so, specity (Signed) 20. FILED. Registrar. (Address)

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAL
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 00273
1. PLACE OF DEATH	<u> </u>
County Carry,	Registration Dist. No. 50
Village or City Saland Cree	No. St., Ward
Length of residence in city or town where death occurred yrs may	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Lasnes & T	itches
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIFORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end veer) Nov. 23, 2;	l last saw h elive on 19 death is said
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
13 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	20 .
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mules 4da
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Bato deceased last worked at this occupation (month and spent in this securation (month and spent in this	
O this occupation (month and spent in this year) occupation	
-n.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME - Clure , / steller	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Delle W-agnes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Jathe	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place 28 193-	Manner of injury
Place Oate Oate 1935	Nature of injury
19. UNOERTAKER A.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED James 28, 1935 PAClary Dec. Registrar.	(Signed) M. D. (Address) M. D. Tudenh
	2411 N. Charles Street, Ballimore, Requesting U. S. No. z.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied.

STATE OF MARYI AND—	CERTIFICATE OF DEATH 00274
1. PLACE OF DEATH	107.0
Village or City Wellwelle	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos	
(a) Residence: No. Wallacle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARBED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 76,1934	Dest saw han alive on , 19.35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, ot
8. Trade, profession, or particular kind of work done, os SPINNER, SAWYER, BOOKKEEPER, etc.	morets Date of the last
S. Frade, profession, or particular skind of work done, os SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Orimany Broncho Spellonomian not a stay
12. BIRTHPLACE (city or town) Joseph Mc (State or country)	Other Contributory Causes of importance:
13. NAME Tabe Tankugs.	
(State of Country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Truma Shanfin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Marchu. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Date Date 155.	Manner of Injury
19. UNDERTAKER Julies Straighten (Address) Wallrille Ad.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 1 19 = 5 Q. M. King	(Signed) Decay, O, 1 p.D.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED FOR BINDING

N. B.

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be TION is very important. See instructions on back of mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-0
County County	Registration Dist. No.
Village or City mulus	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
10. 0. 11	and the
2. FULL NAME	y succes
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARKIED, WIDOWED, OR DUTC (ED. (bury) the yold)	21. DATE OF DEATH / / / / 193
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND OF armi Pagnalis	22. I HEREBY CERTIFY, Thet t attended deceased from
6. DATE OF BIRTH (month, dey, and year) Clarif 20, 1864	I last sew h alive on
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, atm.
70 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	DATE OF THE OF T
SAWYER, BOOKKEEPER, etc.	- The Asses
work was done, es SILK MILL, SAW MILL, BANK, etc	mare solling
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7001)	Other Coutributory Causes of Importance:
12. BIRTIIPLACE (city or town) (State or country)	Colombia of the
	wure severas
E 201	
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis?
E	23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Chas Capiello h. (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL	Menner of injury
Place Trooks Clips Date 119 ,1925	Nature of injury
19. UNDERTAKER Sam Change Son (Address) (Salto, No.)	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILED / 18 , 1935 J. M. Jung	(Signed) M. D. (Address) M. D.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH should County Registration Dist. No Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS CORD, Every Length of residence in city or town ow long in U.S. If of foreign birth?______yrs._____mos.____ds. statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, EXACTL classified. 5a. If married, widowed, or divor-HUSBAND of 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Davs to have occurred on the date stated above, at stated The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Data of oneet 8 Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... plnods back 9. Industry or business in which it may work was done, as SILK MILL, SAW MILL, BANK, etc..... no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this AGE that occupation instructions Other Contributory Causes of importance SO 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation_ (State or country) should be carefully What test confirmed diagnosis?____ ----- Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury S CAUSE mation NOIL Nature of injury. 24. Was disease or injury in any way 19. UNDERTAKER (Address) If so, specify (Signed) au. 21 20. FILEO (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF Registration Dist. No. County No. ____St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City How long in U.S. if of foreign birth? vrs. mos. mos. Length of residence in city or town where de Ward (a) Residence: No. If nonresident give city or town and State (Usual-place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 3. SEX OR DIVORCED (write the word) (Year 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTUFY. Thet I ettended deceased from (or) WIFE of deeth is said 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE to have occurred on the date stated above, at Months. Days 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FATI Name of operation 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. Was there en autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of injury_______, 19. 16. BIRTHPLACE (city or town (State or country Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 2.22 Nature of injury 19. UNDERTAKER (Address) if so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

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Example I		
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00278
1. PLACE OF DEATH	3
County A MAC	Registration Dist. No. 90
Village or City Kurkly	No. St., Ward death occurred in a hospital or institution, give its NAME instead of atreet and number)
	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Hellban 2 Jass	ye
(a) Residence: No. Lusty	// St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL (PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the ward)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I WEREBY CERTIFY. That I attended deceased from 20, 1935, to 19
6. DATE OF BIRTH (month, day, and year) January 2019	Mast saw h alive on, 19; death is said
7. AGE Years Months Days If LESS han I day,hrs.	to have occurred on the date stated above, atm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and yaar) sport in this occupation occupation	
12. BIRTHPLACE (city or town) A Suy Male (State or country)	Other Contributory Causes of importance: May May Carelalin
13. NAME William Dewayc	
4 14, BIRTHPLACE (city or town)	Name of operation
(State or country) La 15. MAIDEN NAME Downer To such	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Calverty (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Williams Fervage	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A Date Jan 212, 1935	Manner of injury
19. UNDERTAKER Difficulty of the Company of the Com	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 22, 19 \$5 = A Landos Registrar.	(Signed) M. D. (Address) Grande Predected
If more blanks are needed address Coast Parish and	N Chalacter Balling Barrier Black

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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FUREAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCEA (write the word) (Month) (Yeer) 5a. If married, widowed, or divorced **HUSBAND** of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 19 to M certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Days II LESS than Months to have occurred on the date stated above, at _____ 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or min. Oate of enset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which pinous work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased last worked at 11. Total time (yeers) this occupation (month and spent in this that occupation instructions 12. BIRTHPLACE (city or town) (Stete or country) supplied FATHER 14. BIRTHPLACE (city or town) plain (State or country) should be carefully What test confirmed diagnosis? Was there en eutopsy? MOTHER very important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of Injury______ 19____ DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. OF 18. BURIAL, CREMATION. Manner of injury CAUSE mation MOIL 24. Was disease or injury in eny wey related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BRUPEAU WORLD				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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See instructions on back

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1PLACE OF DEATH	STATE OF MARYLAND
County Calvut	CERTIFICATE OF DEATH
County	Registration Dist. No. 52
la va	
Village or City M. Beach (No.	St.: Ward) (If death occurred in a hospital or institution
Liva Liva	tion, give its NAME in stead of streat and number.)
² FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH / 30 , 1933
WIDOWED, OR DIVORCED	
(Write the word)	(Month) (Year) (
DATE OF BIRTH	
	that I last saw h alive on , 192,
(Month) (Day) (Year)	and that daath occurred on the date stated abova, at ZAm
7 AGE If LESS than 1 day hrs.	
yrs. mos. ds. or min.?	51001
OCCUPATION (a) Trade, profession or	Sulf low
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds
BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) yrsmosde
FATHER 141-00 - 1. Vand	(Signed) Sight W Ward M. D
Musey w 9	1/30 195 (Address) Md
OF FATHER AND	*State the Disease Causing Death, or, in deaths from Violent Causes, state_(1) Means of Injury and (2) Whether
(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Laul King	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds. State yrs mos ds.
(State or Country)	Where was disease contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?

If mora bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

usual residence

20 UNDERTAKER

OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

n. Beach

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiaal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar, pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	4. te it	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	infor- state UPA-	1. PLACE OF DEATH	922
)	5 0	county Calvert	Registration Dist. No. 52
y		Village or City Owngs	No. St., Ward
7	-= °	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(Every CIANS ement	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	Every CIANS ement	2. FULL NAME IT relder G. Wo	vd-
		(a) Residence: No.	St, Ward.
		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RECORD . PHYS Exact sta	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	T F	M OR DIVORCED (write the mord)	Fan 10 193 5
5	T L ed.	5e. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING	MANED A C T assified	HUSBANO OF Mellie Word	22. I HEREBY CERTIFY, That I attended deceased from
× X	CX X	6. DATE OF BIRTH (month, day, and year) Sent. 10, 1867	I last saw h M. elive on Jan D. 19.25; death is said
	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR	ate ope	67 4 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
F		Trade profession or porticular	Date of onset
8	HIS be be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	alente delatation the heart 10/35
S	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED	VK-sho sho it n	U NO. Date deceased lest worked at 11 Total time (years)	
ESS	NG INAGE that ons on	11. Total time (years) this occupation (month and 7 3 4 occupation 2 6	
	NFADING plied. AGl rms, so tha	12. BIRTHPLACE (city or town) Mt. Harmon Mg.	Other Contributory Causes of importance:
GIN	d. d. so	12. BIRTHPLACE (city or town) Mt. Harmony, Mag. (State or country)	Trader and train in
RG	TH UNFA y supplied ain terms, See instri	13. NAME Rolet F. Hand	tion I one year Culy
A	Upl tel	13. NAME Rolet & Hard 14. BIRTHPLACE (city or town) Mt Frannony, Mad	Name of operation. Oate of
	TO	(State or country)	What test confirmed diagnosis?
	WITT efully in pla ant.	15. MAIDEN NAME Sarah Ellen Stevens	23. If death was due to external causes (VIOLENCE) fill in also the following:
	2 60	15. MAIDEN NAME Sarah Ellen Stevens. 16. BIRTHPLACE (city or town) Mt Harmany, Md.	Accident, suicide, or homicide? Date of injury, 19
7	be c EATI	(State or country)	Where did injury occur?
	PLAINTY, hould be cal OF DEATH very import	17. INFORMANT Mrs. W. B. Myers) (Address) I franting of the Park R 1944	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVALED FOR IT. h) 4	Manner of injury
	-WRITE mation s CAUSE FION is	Place Marmay Date Jan 12, 1935	Nature of Injury
	-WRIT mation CAUSE	19. UNDERTAKER WA Hartchand	24. Was disease or injury in any way related to occupation of deceased? Les
No. 1	LEOH	(Address)	If so, specify
82	m A	20, FILEO Fan 12 1938 2 V 7 Hardenly	(Signed) I'M trave, M. D.
>	Z	Registrar.	(Address) Prince Trederich Und
		If we like the second of the company	N. C. 1 C. D. 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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